



**AFFIDAVIT ACKNOWLEDGING PATERNITY**



**WRITTEN NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES**

The Affidavit Acknowledging Paternity is a legal document. Please read the information provided below before completing an Affidavit. Following are the alternatives to completing the Affidavit and your legal rights and responsibilities. Before you complete an Affidavit Acknowledging Paternity, **you must receive oral (spoken) notice of the below information.** If you are completing the Affidavit at the hospital when your child is born, you may receive oral notice from hospital staff. If you are completing the affidavit after the birth certificate has been filed, you may receive oral notice from the agency that gave you the form. You may also receive oral notice by calling (toll free) **1-888-677-2083**.

- When both parents properly complete and sign an Affidavit Acknowledging Paternity, the man's name is added to the child's birth certificate, and the man becomes the legal father of the child. Properly completed affidavits have the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.
- If either of you is not sure that this man is the biological (natural) father of this child, you should not sign an Affidavit Acknowledging Paternity. You should have a genetic test. If the test shows at least a 98 percent probability that the man is the father, then Missouri law says he is the presumed father. A genetic test can be provided by the Family Support Division (FSD). Either of you may apply for this service by calling FSD at **1-800-859-7999**. If the genetic test shows that the man is the child's biological father, you may then sign an Affidavit Acknowledging Paternity.
- If either of you change your mind about acknowledging paternity after you have signed the Affidavit, you may sign a rescission form and file it with the Missouri Department of Health and Senior Services, Bureau of Vital Records (BVR) within the earlier of: 60 days from the date of the last signature on the Affidavits; or the date of a proceeding to establish child support for the child on the Affidavits. Contact BVR at **(573) 751-6378** if you need a rescission form. When the rescission is filed, the man will no longer be the legal father; however, his name will stay on the birth certificate unless a court order tells BVR to remove his name.
- If it is more than 60 days after both of you sign the Affidavits or after the date of a child support proceeding, and you decide you want to prove this man is not the father, you must go to court. You must prove there was fraud, duress, or material mistake of fact when you signed the Affidavit.
- This child may have the right to receive benefits as the legal child of the man who signs an Affidavit Acknowledging Paternity. These benefits may include child support, medical insurance, inheritance rights, Social Security and Veteran's benefits.
- Acknowledging paternity does not automatically give the father visitation or custody rights. Please seek legal advice regarding custody and visitation rights, or any other related legal matters.

Persons who knowingly supply false information on the Affidavit Acknowledging Paternity shall be guilty of a class D felony. Penalties under the criminal code range from imprisonment of 1-10 years and/or up to \$5,000 in fines.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**MOTHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY**

P.O. BOX 570  
JEFFERSON CITY, MISSOURI 65102

**INSTRUCTIONS**

THIS IS A LEGAL DOCUMENT. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE. USE **BLACK** INK ONLY.

**The Mother's and Father's Affidavit Acknowledging Paternity forms and the Husband's Denial of Paternity form (if applicable) must be submitted together.**

Any fax, photo or reproduced copies of this form will not be accepted and will be returned for the original. White-out, erasures, typeovers and writeovers are not acceptable. The information included on these Affidavits must agree with the information provided for the birth certificate.

If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit. This is a one time opportunity.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**REQUEST TO CHANGE CHILD'S LAST NAME**

**The mother's signature is required below if you wish to change your child's last name.**

CHILD'S NEW LAST NAME	MOTHER'S SIGNATURE
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**FATHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)	
DATE OF BIRTH (MM/DD/YYYY)	BIRTHPLACE (STATE/COUNTRY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE)		EMPLOYER
		( )		

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the mother of the child listed on this Affidavit and the man listed above is the natural father and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that the father's name and other information be added to this child's birth record.**

MUST BE SIGNED IN <b>PRESENCE</b> OF NOTARY <b>OR</b> TWO WITNESSES	MOTHER'S SIGNATURE ▶		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**FATHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY**

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If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit. This is a one time opportunity.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**REQUEST TO CHANGE CHILD'S LAST NAME**

**The father's signature is required below if you wish to change your child's last name.**

CHILD'S NEW LAST NAME	FATHER'S SIGNATURE
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**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**FATHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	BIRTHPLACE (STATE/COUNTRY)
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE) (      )	EMPLOYER

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that my name and other information be added to this child's birth record.**

MUST BE SIGNED IN <b>PRESENCE</b> OF NOTARY <b>OR</b> TWO WITNESSES	FATHER'S SIGNATURE ▶		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**HUSBAND'S DENIAL OF PATERNITY**

P.O. BOX 570  
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If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these forms.

If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband/ex-husband shall be entered on the certificate as the father of the child, unless:

1. Paternity has been determined otherwise by a court of competent jurisdiction; or
2. The mother and her husband/ex-husband completes an Affidavit denying that her husband/ex-husband is the father and the mother and natural father complete an Affidavit acknowledging that he is the father. The natural father will then be shown on the birth certificate.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP)		

**DENIAL OF PATERNITY**

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I am the husband or ex-husband of the mother listed on this affidavit. I do solemnly declare and affirm that I am not the biological (natural) father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.**

MUST BE SIGNED IN <b>PRESENCE</b> OF NOTARY OR TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE ▶		HUSBAND'S/EX-HUSBAND'S PRINTED NAME	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I was married during part or all of my pregnancy with this child to the man whose name is listed on this Affidavit. I do solemnly declare and affirm that he is not the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.**

MUST BE SIGNED IN <b>PRESENCE</b> OF NOTARY OR TWO WITNESSES	MOTHER'S SIGNATURE ▶		MOTHER'S PRINTED NAME	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
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